

**NOTICE OF RIGHT TO REQUEST
WAIVER OF DEDUCTIBLE**

JD-VS-23 New 7-06
C.G.S. § 54-210(a)(5)

STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
www.jud.ct.gov/crimevictim



(Name and address of applicant)

TO:

NAME OF VICTIM	CLAIM NUMBER	DATE MAILED
NAME OF CLAIMANT	NAME OF CLAIMS EXAMINER	

NOTICE TO APPLICANT

State law requires that the Office of Victim Services (OVS) deduct \$100 from every claim that receives an award. However, pursuant to Connecticut General Statutes Section 54-210 (a)(5), OVS may waive the deductible.

If you would like to request a waiver of the \$100 deductible in your pending claim, complete the "Request for Waiver of Deductible" section below and return this form within fourteen days from the date this notice was mailed, as shown above, to the address shown below.

Note: If you decide not to complete and return this form within fourteen days from the date this notice was mailed, there will be \$100 deducted from the total amount determined.

RETURN COMPLETED FORM TO: OVS Compensation Unit, 31 Cooke St., Plainville, CT 06062

REQUEST FOR WAIVER OF DEDUCTIBLE

I, the undersigned, hereby request that the Office of Victim Services waive the \$100 deductible in my pending claim. I believe the \$100 deductible should be waived for the following reasons (*you may attach additional pages if necessary*):

This Request For Waiver is submitted on behalf of a: MINOR ADULT

SIGNED (Applicant) _____ DATE SIGNED _____